



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **586 WASHINGTON BL, MARINA DEL REY, CA 90292**

TELEPHONE: **(310) 823-7646**

OWNER OF BUSINESS: **SIRINAN PAKKAWASA**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SIRINAN MASSAGE**

MAILING ADDRESS: **586 WASHINGTON BL, MARINA DEL REY, CA 90292**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	03/28/16	nlove
<input checked="" type="checkbox"/> 4. Fire Department	YES	01/08/16	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	03/14/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	04/01/16	nlove
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	12/23/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	04/07/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	04/01/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 142962

BUSINESS INFORMATION

Type of Business: <u>MASSAGE Parlor</u>	Address of Business: <u>586 Washington Blvd Marina Del Rey</u>	
Start Date (Projected): <u>Jan 1 2012</u>	Business Telephone: <u>(310) 823-7646</u>	
DBA (Business Name): <u>SIRINAN MASSAGE</u>	Mailing Address: <u>586 Washington Blvd Marina Del Rey</u> <u>90292</u>	
Sellers Permit # (State Board of Equalization): <u>N/A</u>		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>SIRINAN PAKKAWASA</u>		
Home Address: <u>[REDACTED]</u>		
Home Telephone: <u>[REDACTED]</u>	Cell Phone: <u>[REDACTED]</u>	Email address: <u>Augustpakk@yahoo.com</u>
Social Security #: <u>[REDACTED]</u>	Date of Birth: <u>[REDACTED]</u>	Place of Birth: <u>[REDACTED]</u>
Driver's License or State ID#: <u>[REDACTED]</u>		Expiration Date: <u>[REDACTED]</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: <u>[REDACTED]</u> Weight: <u>[REDACTED]</u>	Hair Color: <u>[REDACTED]</u> Eye Color: <u>[REDACTED]</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 12/22/15 Applicant's Signature: [Signature]

Application taken by: Tony Date: 12/22/2015



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 586 WASHINGTON BL, MARINA DEL REY, CA 90292

TELEPHONE: (310) 823-7646

OWNER OF BUSINESS: SIRINAN PAKKAWASA

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SIRINAN MASSAGE

MAILING ADDRESS: 586 WASHINGTON BL, MARINA DEL REY, CA 90292

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*Subject space & use is
approved.*

SIGNATURE:

[Signature]

DATE:

3/28/16

BASIC LICENSE NO. 5910

County of Los Angeles
Building & Safety Division
Southwest District Office
1320 W. Imperial Hwy.
Los Angeles, CA 90044
(323) 820-6500
DATE 03/28/16 IDENTIFICATION NUMBER 142962

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 586 WASHINGTON BL, MARINA DEL REY, CA 90292

TELEPHONE: (310) 822-7646

OWNER OF BUSINESS: SIRINAN PAKKAWASA

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SIRINAN MASSAGE

MAILING ADDRESS: 586 WASHINGTON BL, MARINA DEL REY, CA 90292

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: [Signature]

DATE: 1-5-16

(12)

142962



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 586 WASHINGTON BL, MARINA DEL REY, CA 90292

TELEPHONE: (310) 823-7646

OWNER OF BUSINESS: SIRINAN PAKKAWASA

CAL. DR. LIC#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SIRINAN MASSAGE

MAILING ADDRESS: 586 WASHINGTON BL, MARINA DEL REY, CA 90292

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

3/10/2016



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

15-01337

KIND OF BUSINESS: ~~MASSAGE PARLOR-GENERAL~~

ADDRESS OF BUSINESS: ~~586 WASHINGTON BL, MARINA DEL REY, CA 90292~~

TELEPHONE: (310) 823-7646

OWNER OF BUSINESS: ~~SIRINAN PAKKAWASA~~

CAL. DR. LIC.#: ~~[REDACTED]~~

8/8/80

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ~~SIRINAN MASSAGE~~

MAILING ADDRESS: ~~586 WASHINGTON BL, MARINA DEL REY, CA 90292~~

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT
LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: _____

WLP 536470

DATE: _____

3/31/16

BASIC LICENSE NO. 5910

DATE 12/23/15

IDENTIFICATION NUMBER 142962

12/24

Scanned TPC N. Hill Tony 3/31

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: ~~365.00~~
\$365.00

TELEPHONE: (213) 974-2011
FAX: (213) 633-5427

DATE: 7/7/2015

ID#: _____

TYPE OF BUSINESS AND CODE: Massage parlor

BUSINESS ADDRESS: 586 Washington blvd.

CITY: Marina Del Rey 90292 APN#: 4224-005-906

NAME OF OWNER: Sirinan Parkkawas PHONE#: [REDACTED]

D.B.A./NAME OF BUSINESS: Sirinan Massage CELL PHONE#: [REDACTED]

MAILING ADDRESS: 586 Washington blvd. Marina Del Rey. 90292

E-mail ADDRESS: [REDACTED]

To be completed by Regional Planning

RBUS 201500394

EXISTING USE: New ☒ Renewal ☐

PROJECT # 2015-02246

CELL PHONE #: _____

USE PERMITTED IN ZONE SP-MDR

USE NOT PERMITTED IN ZONE: HALL OF RECORDS

APPROVED ☒

DENIED: _____

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

REMARKS: Approved per RPP201200395 for massage parlor.

SIGNATURE: [Signature]

DATE: 12/2/2015